

Compliance with Medical Practice Act Reporting Requirements  
2006

To: Nevada State Board of Medical Examiners

Re: In-office Surgical Procedures from January 1, 2006, through December 31, 2006

From: Dr. \_\_\_\_\_

License no.: \_\_\_\_\_

Business name: \_\_\_\_\_

Address: \_\_\_\_\_  
(street or P.O. Box)

\_\_\_\_\_  
(city, state, zip code)

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_  
I did not engage in any in-office surgical procedures as described.  
(initial by physician)

\_\_\_\_\_  
I did not use any of the anesthetic procedures described.  
(initial by physician)

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Print Name

**FORM B**